

**Interview with RDML Robert D. Hufstader, Medical Officer of the Marine Corps.  
Conducted by Jan K. Herman, Historian of the Navy Medical Department at Headquarters  
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**Are you a Californian? I think we've talked about that before.**

Yes, I did grow up there, from high school on, but I was born in Portland, Oregon. So my mother claims I'm an Oregonian.

**I won't ask you when you decided to be a Navy doctor, because obviously you decided you were going to join the Navy and you had corpsman experience. When did you decide you were going to join the Navy?**

Well, actually I decided I was going to be a doctor when I was in junior high school, maybe 7th or 8th grade. And that was never a question from then on out. And fortunately I was able to make that happen. In high school I got involved with the Sea Scouts, Sea Explorers. And we used to go down to Newport Beach in California and sail on all kinds of different boats; big wooden boats, some of them. And I just had such a great time with that that I thought at that point that what I really wanted to do was go sailing. Medical school could wait. I really wanted to go sailing.

And do you know what? There's a military organization that has one of the greatest wooden boats in the world. Well, actually it's not wood but has a steel hull. That was the Coast Guard Cutter *Eagle*. I saw pictures of those Coast Guard midshipmen out there furling sails and doing things that I thought would have been the greatest thing in the whole world. That's me. I want to go sailing. I didn't care about being Coast Guard. I didn't care about going to the academy. I just wanted to sail on that ship.

So I went down to the Coast Guard recruiting station and asked how I could become a midshipman and they took one look at me with coke bottle glasses and said, "Son, you ain't even going to pass the physical."

"What do you mean?" I asked.

"Your eyes are bad. I can tell. What's your vision?" I told them and they said, "You can't pass the physical." I was distraught. I remember driving around Santa Ana, California without my glasses trying to strengthen my vision in the hopes that I'd get in. Needless to say, it didn't work. I didn't get in any car accidents, but I didn't get into the Coast Guard either.

But, I think probably somewhere in there I decided that I was more interested in seeing the world and having adventures and I didn't want to go to college. Although I applied to several colleges, was accepted to several, and in fact, had even made a trip to the University of California Santa Barbara to look for housing.

I remember coming back from that trip and thinking to myself, "I don't really want to do that." And so when we got back home I told my parents -- I was 17 at the time--. I told my parents "I want to join the Navy." I couldn't join the Coast Guard. The only other thing that went to sea was the Navy, so I was going to join the Navy. And they thought that was not such a good idea.

**At age 17?**

Yes. But, I said that's what I wanted to do and I was adamant. In those days parents had to sign for you when you were 17. I went to the recruiter's office and told them of my interest in being a doctor some day and they looked at my grades and they were good enough. I took their

pretest and I scored well. They said, "We have just the thing for you. If you enlist, we can guarantee you to be a hospital corpsman if you pass the test and make it through boot camp." They guaranteed you Hospital Corps A School.

**Even then you had an interest in medicine?**

Oh, yes, since junior high school. I had been convinced I needed to be a doctor since junior high school. I just wanted to have some adventures beforehand. So, I went back home and I told my parents that they were going to let me work in a medical field if I joined the Navy and that's what I wanted to do. And my dad said, "Okay." It didn't take him too long, but my mother I had to work on for a while.

**What year was that?**

1962. So I joined the Navy, went to boot camp in San Diego and Hospital Corps School... just like they promised... in San Diego. It was the same hospital I did internship at later on.

**So you've went through Corps school there. You went through boot camp and Corps school in San Diego.**

I went to boot camp in October of 1962 and graduated literally two days before Christmas. And at Christmas we went home. I remember that because I was downtown in Santa Ana, California shopping for Christmas presents. And I heard all these funny noises down the sidewalk. There was this undercurrent of noise that I couldn't quite capture. And it suddenly dawned on me what it was--women's high heels. You'll remember that in the '60s all the women wore high heels. As they walked along the pavement it would click-clack, click-clack, click-clack, click-clack. I had been in boot camp for three months and hadn't heard that noise and there was this strange sound out there.

Then as soon as Christmas leave was over, I went Hospital Corps School at San Diego.

**How long a course was it then?**

Hospital Corps School? I want to say it was three months. I want to say it was 12 weeks. They had a kind of preliminary phase. I remember I got to sweep streets and paint buildings for a few weeks ahead of time, so I'm not sure how long it actually took to get through. But I believe the curriculum was 12 weeks.

**Where were you assigned after you graduated?**

Well, there's a story there. I think it still is the case. In fact I'm sure, because I've asked whether it's still the case. If you're the honor graduate from Hospital Corps School, they attempt to give you your choice for your first duty station. I wasn't the honor graduate. I was the second guy or the runner up, whatever they call that. And they said, "Okay, we'll give you your first choice too." So I said "Fantastic!"

What I wanted to do was go to Europe. Cool. German heritage, I've studied some German, I wanted to wander around Germany. Naive, but I said, yes, I think there were five or six blocks on this "dream sheet", this choice of duty stations thing that you fill out.

So I wrote down Europe as my first choice. And I had a bunch of empty blanks left to fill in, so I wrote down "any ship home ported in Europe.", thinking that would get me to Europe even if I couldn't be actually stationed there. And then I wrote down, "any ship on the East Coast

going to Europe.”, with the same thought in mind. And I think I had one more blank to fill out/ I had run out of ways to say “I want to go to Europe”

So, in a semi-rebellious way I thought, To heck with this, I told them Europe in every way that I can think of. If they can't get that message then I'm just going to tell them the farthest side of the world so I wrote down Japan.

Of course, I got Japan, which turned out to be just a marvelous experience; one that probably has kept me in the Navy all the years since then because it was such a great place to be in those years.

### **So you went to Yokosuka, first?**

I went to Yokosuka early in '63.

### **And were you assigned to a ward or...?**

Yes. I worked in the sick officers quarters, the SOQ. This is the old naval hospital Yokosuka. It was a Japanese hospital during World War II. And in fact, had been the hospital for the royal family members who had been Imperial Japanese Navy officers. And the story went that the SOQ had been the officer's ward, while it was a Japanese hospital as well. There was a special suite built at the end of the ward that had been the place where the officers who were members of the royal family would come if they needed medical care.

And I believed that. I believed that partly because of the way it was built. We turned the special suite into a solarium back there, a place where you could go and sit in the sun and watch TV, listen to records and so on. Actually, I'm not sure we had a TV at that time, come to think of about it. But we listened to records; I do remember that. And it was just kind of lounge area.

But the head that was just off the lounge was different than any of the other heads on the SOQ ward. The commode in that head was for some reason built up. You had to go up a couple of steps and it had a little room around the commode, almost like an outhouse type thing, set on the top of these ceramic tile steps. You had to open a door, you went in, and there was the commode. It was as if it were a throne, and a throne in more than one sense of the word. It was elevated above the common commode. So to me, that had to be proof positive that this was built for the emperor. He would use the elevated throne, whenever he had to use the throne.

In those days, that hospital was laid out in the typical military hospital fashion. We had a long central corridor and then wards that branched off to the side and it was a two story thing overall. I worked on the sick officer's quarters, as I mentioned, so it was a general ward. Any officer, regardless what was wrong, came to that ward. I took care of them. I worked there for about a year, and was an HN (E-3) at that point.

I could type. I could type pretty well, actually. They sent out a call around the hospital for HNs who could type. And my hand went up real fast.

See, the problem with being on the ward was that you had to work shifts. So you had these PM shifts that kind of cut into the evening hours and then you had to work nights as the next shift. So only on the day shifts, when you were working on the day shifts, did you really have evenings off. And the way they had the duty schedule set up there, the only weekends that you got off in the month was the weekend before and the weekend after you had the day shift. So you had to work two weekends a month and were off two weekends a month.

But in terms of liberty, being able to go downtown and experience Yokosuka, the only opportunities were in the evenings, one week out of three and then those two weekend days on

either side of it. And that was cutting into my lifestyle. I felt I needed more liberty time. So I was willing to get off the ward and work a day job.

So, I put up my hand in a flash and was selected to go to work for the master chief, actually, one of the first master chiefs in the Navy. They had just invented senior chief and master chief rates. This guy's name was Jack F. Hatchett, with two Ts. He wore a Purple Heart that he had earned on Iwo Jima. And he would tell me his story about how scared he was coming ashore on Iwo Jima and finally getting blown up by a mortar, earning his Purple Heart, and coming back home.

And I went to work for him. I remember going up there early. I thought it was probably wise to get up there early on the first day. As a matter of fact, I was telling this story to the folks here in the office the other day.

I thought I'd be the first on the scene that first day, and that would probably be a good way to set a good tone. But, son of a gun, the master chief was there before me and saw me come walking in. And he said, "Are you Hufstader?" And I said, "Yes, Master Chief." And he said, "Well, I have an important job for you."

Now, remember, this was the first day on the new job and this was up on the second floor of the hospital, up where the CO and all those officers were. I was working in God's country. I was feeling like this was a little bit out of my depth, I have to tell you. And I walked in and the master chief says, "Son I have an important job for you." And I thought, "Holy catfish!" I just walked in the door and I'm going to have an important job to do. And he said, "Come with me." Then we walked over to the coffee pot. And he showed me how much coffee and how much water went in the coffee pot and he told me I had to be in the office before anybody else every morning and make the coffee. So, my first important job in the Navy was making coffee for Master Chief Jack F. Hatchett. And he's right. It was important.

**That was an important job, absolutely.**

Yes, that was a good job. I actually went back to Yokosuka some years later. They had built the new hospital. The building I'd been in had been torn down and replaced, but there was one wing left of the old hospital. It was actually the entrance to the old hospital. There's the grand staircase there that goes up to the second deck. And actually, my old office space is still there with the window that I sat at, and where my desk and my typewriter had been. It was kind of neat to see.

**So you were there for that one tour? Was it a three-year tour?**

1963 to '66, yes.

**You had mentioned, when we were just having an informal discussion two weeks ago, that, "Well, the Vietnam War was getting pretty warmed up by '63, things were starting."**

Yes.

**Were you starting to see patients from Vietnam at that point?**

No, not until the Marines went ashore at Danang. In those days, we had hospitals in Taiwan, Guam, Okinawa, and the Philippines, and we had bases in all those places. Yokosuka was just one of several. There were Air Force and Army hospitals as well. We had a lot more hospitals in that Pacific theater than we do these days.

But, Yokosuka's task early on, probably of starting about '63 or '64, was to send teams to Vietnam to set up medical supply caches, medical supply systems. One of my jobs was to type orders for people and I remember typing orders for some of our supply technicians to go to Vietnam.

In a way, it was kind of like how we send folks down there now to do MIA accounting. These MIA teams are small teams, half a dozen people to go down and look for remains, We would send similar size teams, usually with an officer and some enlisted folks but their job was to help the Vietnamese set up medical supplies, military medical supplies. That's the primary thing that I recall the hospital was doing regarding Vietnam during those years. The rest of the time, the hospital was supporting the fleet that used Yokosuka.

It was, as you know, a major port. And, of course, we had a large fleet in those days--500 plus ships. And it was very busy, a big liberty port for people. We'd have thousands of sailors on liberty. In those days we had off limit areas and on limit areas. There were places you could go and places you couldn't go--or weren't supposed to go. So we had thousands of sailors in those areas every night.

Then Vietnam started to heat up. The Marines went ashore at Danang and we began to take medevac casualties at the hospital. The policy then was that if you could return to duty within a month, you stayed in country. You'd stay at one of the station hospitals or somewhere like that in country or aboard the hospital ship at Danang and then were returned to your unit when you were ready. If you were going to take longer than a month to heal then you were evacuated. If it looked like you were going to be able to return to duty within 60 to 90 days, something like that, you'd go to the next tier of hospitals, one of which was Yokosuka, or one of the other far western Pacific hospitals--Okinawa, Guam, Philippines, Yokosuka. If it looked like you were going to require more rehabilitation and not be able to return to duty in that couple of months, then you'd go all the way back to CONUS.

We normally ran a census at the hospital of about 80 patients, pre-Vietnam. And in those days, the way we took care of people was a little bit different. We kept them in the hospital until they were fully fit for duty. So we'd have a lot of people who were just kind of convalescing, which in a way turned out to be a good thing, because they became very valuable in the next several months in terms of running the hospital.

Another one of my jobs was to get the message traffic everyday. I'd go over to the communications station, pick up the messages, and bring them back. And of course I'd read them all before I got back. I remember coming back with a message that requested hospital corpsmen to volunteer for duty with the Marine Corps. It was a worldwide call for HMs to volunteer for duty with the Marine Corps. Cool. Absolutely. I brought that back, showed it to the chief, and said, "I want to volunteer, Chief." "Okay" he said, "You can put your name in." Actually, it was amazing. I recall, something like 70 or 80 percent of hospital corpsmen volunteered. I may be wrong about the number, but it's in that order of magnitude--70 or 80 percent volunteered to serve in Vietnam with the Marine Corps. They didn't need that many.

And so, shortly after that, they came out with some restrictions, one of which was that you couldn't volunteer if you worked at any of those evacuation hospitals like Yokosuka. You were frozen in place. Then they came out with an involuntary extension of enlistments which, in my case, turned out to be just three or four months of involuntary extension. For some others it was a longer extension of duty to support the patient care from Vietnam.

So, despite the fact that almost all the hospital corpsmen at my hospital, Yokosuka, volunteered, there were only in the end two or three of us that went off to serve with Marines.

One fellow I used to bunk with was one of the ones that got to go to Vietnam. He was shot in the thigh and I remember seeing him a year later in the hospital at San Diego still convalescing. I was out of the Navy at that point, but he was still convalescing. So we had two or three folks who got to serve with the Marines. But the rest of us were frozen in place and taking care of casualties.

As I mentioned when we were pre-Danang, pre Marines going ashore in Danang, we had a census of about 80. Within three weeks after the Marines went ashore, we had 800 patients in the hospital. Yes. 800 patients. We started receiving medevac flights every day. They would come in every day as the war geared up; we received 150 patients every day via medevac. We discharged 50 patients to full duty every day; we sent 50 to limited duty or "medical holding", and we sent 50 back to the United States, in addition to admitting those 150 medevacs, every day.

**These were in bad shape, probably.**

Well, we got those mid-grade kinds of things. We didn't get the amputations when someone stepped on a mine, or something that was going to require long term convalescence. We had psychiatric cases, malaria, gunshot wounds that were going to heal, shrapnel explosions, and burns, and things that were going to go back to Vietnam within a couple of months. Fractures were a common thing; there were a lot of orthopedic things.

The two biggest wards we expanded were mental health... psychiatry... and orthopedics. And we actually doubled both of these, as I mentioned. The hospital had two floors. We had psychiatry on one floor only, pre-Vietnam. Afterwards, we opened up not one but two other similarly-sized psychiatric wards. I don't recall what the expansion was for orthopedics, but it was the same kind of thing.

They froze the hospital corpsmen who were there. They froze the officers too. We got three plane loads of new hospital corpsmen, about 300 additional staff. We got no more doctors and no more nurses and that's what we did Vietnam with. I was really impressed because the doctors and nurses were working hard, especially the surgical folks.

**When you talk about how you went from 80 patients to 300 in several weeks...**

Eight hundred.

**Eight hundred in several weeks. What did the hospital look like and how did you handle it? What did you see?**

When I made second class, I moved from working for Master Chief Hatchett down to patient admin. And another guy and I--a third class--did all the medevacs. And it was a seven-day a week job. Every day we would send out 150 patients, maybe a third of them by medevac back to the States, because they turned out to need longer convalescence. Maybe a third of them, who were Marines, we could discharge and they'd go to the Marine barracks and be ready for moving on to some other unit. About a third went into medical holding company.

And as I mentioned to you, this was the blessing of having people in the hospital a long time. You could actually use them to do work. When you were on the ward, there were so many patients that you did the medical things and you got the senior Marine, the gunny sergeant or whoever it was, and you gave him the task of organizing his Marines to do everything else. They cleaned the ward and made the beds and passed trays and did whatever the non-medical things

were, because there might only be three corpsmen. The doctors and nurses were so stressed and so stretched that we really didn't get to see them very much.

When I was corpsman on the SOQ, it was a little different than it is now. On the night shift, I'd see the nurse once. She would carry the narcotic locker keys. So if I had to give narcotics to patients, she'd come over to open the narcotics locker so I could get out the narcotics. Other than that, I didn't see her. On the day shift we had a nurse all the time. The doctors would come and make rounds. In those days, we took a stack of patient charts and we followed behind the doctor and handed him charts and he'd write in them. It was a little different then...a little different way of doing business than it is now. So a lot of the work was done by patients, a lot of the non-medical work. Much of the medical stuff was done by hospital corpsmen with the guidance of the nurses and the doctors.

**What did you do with so many patients? There weren't enough beds, what did you do?**

Because of the layout of the hospital in those days, we could expand wards to beat the band. A typical ward might have 50 beds in it. Suppose they were on 8-foot centers. If you put them on 6-foot centers, meaning there wasn't a whole lot of walkway in between the beds, you could cram in 80 or 100 or something like that. The long open wards allowed us to add more beds at the end of the ward. There weren't any individual rooms. What individual rooms there were were used for critical and dying patients. Everyone else was on the open bay war. So we were able to expand, just based on the different structure, and rather dramatically, the number of patients we had. It would not be possible with the way we construct hospitals today. Also, because we had the convalescent patients to use as workers, we were able to manage that dramatic increase in patient numbers.

**You mentioned something a few weeks ago. You said one time you recall looking down a passageway and seeing gurneys. What was that all about?**

Every day we did 150 patients out and 150 in. Remember the Third Class Petty Officer I worked with and I did all the admissions, discharges, and medevacs, so we were very familiar with the number of patients coming and going. They came down from the Tachakawa Air Force Base in medevac buses. The medevac buses were divided in half. The front half had seats and the back half had stands for litters, and they were full of litters. We had working parties of patients to help us. And we processed these folks into the hospital. I'd give them identification bracelets and get them assigned to the right ward and that sort of thing.

We went through all their gear, because they'd bring things back. We'd get patients a day and a half or two days from the battlefield. One day they're in the field in Vietnam and two days later they're in Yokosuka getting off the bus. Some of them were still carrying explosives--hand grenades and live ammo.

**Oh, really?**

Yes. So you had to sort all that out. Before they even came into the hospital we'd be spreading out all their gear and collecting the stuff that was potentially dangerous.

**They allowed them to get on an airplane with hand grenades?**

I don't know if they let them on the plane on purpose, but they certainly got on the airplane with hand grenades. It was such a volume of patients. Again, remember, 150 people

and this was one hospital, one hospital among all those Army, Navy and Air Force hospitals in the Pacific theater. Probably the rest of them were experiencing similar kinds of numbers. I suspect this volume would overload the efforts at security checks that were made along the medevac route. So sometimes things were missed. We put the litter patients on gurneys and we got the ambulatory convalescent patients in the hospital as a working party to push them. We then lined them up to get their indenti-bands and get their information typed in so we knew who it was we were taking care of and what their problems were. Then they were assigned to a ward. Because that was the bottleneck in the flow, we would have to line the patients up. We would have a line of gurneys that was, by no stretch of the imagination, a block long. Each of these Marines and sailors on gurneys was being pushed by another patient and that is the image I have in my mind--a line of gurneys with young people on them being pushed by other young people, being processed to come into the hospital. A line a block long.

I remember seeing, for the first time in my life, someone with an acute hemolytic crisis in malaria. Malaria, depending on the level of infection, can infect blood cells and then as the parasite grows it will rupture the blood cells and it does this in a cascade kind of way. It'll do all of the blood cells at once. All the parasites that infected blood cells at one time will grow at about the same rate and then those blood cells will rupture about the same time. This is what they call a hemolytic crisis. The patient turns really yellow and gets chills because of the ruptured blood cells that flow through the blood stream. The body's reaction to that is to have a shaking chill. And I remember seeing a Marine do that. I thought he was having a seizure at first as he was waiting in this block long line. We got him out of there and down to the ward and it turned out that this was an acute hemolytic crisis from his malaria. Malaria is an age-old disease and it sure was a problem in Vietnam.

**This would have been around '64 or '65?**

Yes. It was just after the Marines went ashore in Danang. It was in the months that followed. I think that was in early '65, but I'm not exactly sure.

**As I recall, it was the summer of '65 when they went ashore.**

They first went ashore and just set up a base and a defensive perimeter and so on. We saw an increase in medevacs, but it wasn't dramatic. But once they got their logistics set up, then in true Marine Corps fashion, they started aggressively patrolling and started taking casualties. And that's when we started reaching 150 medevaced patients a day. Then as they got into field operations that rate of medevacs continued.

**Did it ever level off or was there always an upward trend while you were there?**

For us it leveled off. I always wondered why. I'm not sure that the number we saw really represents the total number of casualties, because there was an overall medical regulating effort across the whole Pacific. And we only got what was sent to us. So that probably was our maximum capacity.

**How long were you there?**

From '63 to '66.

**Where did you go from there?**



Well, I got out of the Navy then and went to college in California, University of California at Irvine and did pre-med. Then I attended medical school at the University of California San Francisco. When I was in medical school I needed money. And one good way to make money was to join the Navy. They didn't have scholarship programs then. Gosh, if they had had one, I'd have taken it up in a snap. But, no, you had to take out loans and get part time jobs and things like that.

**What was the year you rejoined the Navy?**

Well, actually I rejoined while I was in medical school and that would have been -- I was in medical school '70 to '74, so actually I would have rejoined in '70 because the first summer of medical school I did a clerkship at Bremerton. I was in the Navy at that point. It was in student status--reserve and not on active duty, but obligated to come on active duty after graduation.

I don't think I got any money for reserve time either, other than the time I served as a clerk on active duty during the summertime during which you got full pay. And that was a Godsend as I recall. And then you were obligated to come on active duty for some period of time, something I was going to do anyway.

I knew I needed to be a Navy doctor. I had wanted to be a doctor since grade school. Being a hospital corpsman during Vietnam absolutely convinced me that I wanted to be a Navy doctor. I wanted to take care of those people. So there was no question in my mind about what I was going to do all through college and medical school.

**So it was some kind of family thing at this point for you. I mean you were the Navy and so why not?**

Why not?

**It seemed like the logical way to go.**

It was easy to do. That's right. No, there was never a question about becoming a Navy doctor either. I didn't want to be an Army or an Air Force doctor. I wanted to be a Navy doctor.

**Where did you do your internship?**

At San Diego. I was there when Admiral Arentzen was CO, and then I went on a ship, USS *Chicago*, which was home ported in San Diego. That was a great ship. There were really two ships like it, *Albany* and *Chicago*. *Albany* was (CG-10), and *Chicago* was (CG-11). It was a guided missile cruiser. It was really a World War II cruiser hull that had its super structure cut off in the '50s and all the big guns removed. It was the first total guided missile ship in the Navy.

They had what were called Talos missiles as the main battery. They were huge things as long as a telephone pole. Well, I exaggerate, but they were great long things with a range of 150 miles. We could hit anything. They were designed to shoot down Soviet aircraft which in those days were big bomber fleets that would come over at very high altitude.

And then our secondary battery was Tartar Missiles, which were designed to be quicker firing but were shorter ranged. But the interesting thing was why they had built these two cruisers in the first place. They had evolved the rocket capability, the missile capability considerably since the end of World War II. And they had invented intercontinental ballistic missiles.

**So you were the physician aboard *Chicago*?**

Yes.

**Oh, for sea duty then?**

Yes. Right after internship.

**When was that?**

That would have been '75 to '76 when I was on the ship. It was a low point in the Navy, not a lot of fun. Budgets were low. The post-Vietnam readjustments were taking place. The nation was going through some significant changes politically and socially. Ships were in bad repair and so on. When we made our WESTPAC deployment we were gone for eight months, but three of the months were tied to the pier in Subic Bay because there wasn't enough money to steam the ship. But, we got to do neat things; go to neat places. Taiwan in those days, we had a base in Taiwan still, Taipei and Hong Kong.

**You still didn't get to Europe now that you were a Pacific sailor.**

Well, I didn't get to Europe until after I had done residency in Jacksonville. After residency I went to the Naval Academy. It was in the process of decommissioning from a hospital to a clinic at that time. And as I arrived there, as one of the first family practitioners in the Navy, they said, "We need you to go to Rota, because the OBGYN doctor there is going to have an operation. And there's only two of them over there, and one guy can't do it by himself. So, we want to send you to work with the OBGYN guy." I thought, well, why don't you send an OBGYN guy to work with the other OBGYN guy? Why a Family Practitioner? I thought probably this was an experiment, because the family practitioners were taught to deliver babies and do routine obstetric care. I was a family practitioner I had just finished the residency at Jacksonville. This was my first duty station after residency, so I was current in my obstetric skills. And I got an offer, if you'd like to call it that, to go to Rota for three or four months while this other doctor convalesced. So my first European experience was three or four months, in Spain, but I had to wait a long time to get there.

**You had the assignment.**

Well, actually it was a great job. What they all did though, was that they all took leave while I was there. I remember at one point I was the pediatrician, the internist, and the obstetrician, because all these guys went on leave as soon as I got there.

**You didn't realize what you were getting into.**

But I had a ball. That was good duty and was fun.

**Where did you go from there?**

As I mentioned, they were changing Annapolis from a hospital to a clinic and downsized it considerably. So there were some staff reductions that had to take place. I could have stayed there, but they offered the opportunity for us to request orders to wherever there was a vacant billet. And this was my first tour after residency.

I needed to have a hospital, not a clinic. I wanted to take care of inpatients and deliver babies and not just take care of young midshipmen. I wanted to have a broad spectrum of things to do, not just outpatient medicine. So, I decided to move and request orders and they assigned

me to Millington, which then was a very busy hospital. Then it too closed. Do you see a pattern here? My ships all going to mothballs, my hospitals all closing. I'm starting to wonder.

**You seem to be the kiss of death all right.**

Millington was another very busy place. Of course it was the NavalAir Technical Training Center at that time. That's all moved down to Pensacola now. But at that time it was a very busy hospital and a very big family practice hospital. We did everything there. It was another really great experience. I learned a lot there, and finished up as department head. I think I spent about three years there and then went to language school in Monterey to learn Korean.

I got orders to go to Chinhae, Korea. Chinhae is on a little tiny base at the tip of Korea, 600 men, women, children and dogs at that time. The total Navy medical complement in the Republic of Korea was then one Navy doctor, one Navy nurse, and two Navy hospital corpsmen. Six hundred men, women and dogs, one simple country doctor, one nurse, the two hospital corpsmen and me. It was another neat job.

**So Chinhae was the only Navy...**

The only Navy base there.

**And it was classified as a clinic.**

It was a clinic, a one-doctor clinic. The Army and the Air Force are the predominant services in Korea. The Army's nearest clinic was at Pusan, about 50 or 60 miles away. The nearest Air Force place was about midway up the peninsula, and the main hospital is the 121, as they used to say on M\*A\*S\*H. The 121st evacuation hospital/Seoul Army Community Hospital in Seoul. It's still there and still functioning. Chinhae is still there and still functioning, still a one-doctor job.

**Is it still Navy?**

And still Navy, yes. That was my wife's favorite tour. Boy, that's a nice town. Chinhae is just a beautiful farming town, cherry blossoms; it's spectacular. It's also the home of the Korean Navy. It's their boot camp, Marine Corps boot camp, Navy base shipyard and that sort of stuff there. And interesting, historically; it's an old Russian port. When the Russians occupied that part of Korea, they built a Navy base there and there's an old Russian building. And then after the Russians, the Japanese occupied it, so there's a Japanese element to the architecture as well.

**Where'd you go from there?**

To the USS *New Jersey*, a battleship. As you remember, the Navy re-commissioned battleships because they wanted the fire support that those 16-inch guns would give Marines and we didn't have it anywhere else. We were converting to missiles and the number of gun barrels in the fleet had dropped down. So there was also an issue in terms of fire support for amphibious landings.

**This was about the mid '80s then.**

Yes. It would have been about the mid '80s. I'd have to count back and figure out exactly the date. It would have been about '86.

**Yes, because that would have been during the Reagan administration--the John Lehman era bringing back the battleships.**

That's exactly right.

**Reconfiguring the battleships to carry Tomahawk missiles.**

Yes, exactly. They decided that they were going to have two doctors on the battleship. They were going to have a GMO--a lieutenant--and then they would have the senior medical officer, who they said was going to be a family practitioner. And here I was, a family practitioner. I can be the battleship senior medical officer? Throw me in that frying pan.

So I volunteered. Actually, I got off the track about why I went to language school. I had a friend at BUPERS [Bureau of Personnel] who had been in residency with me and happened to be the Medical Corps detailee. So when I got orders to Korea, I said, "You know, I'm the only Navy doctor in the whole Republic, I should go to language school, don't you think?" He said, "Well, it's not a requirement." I said, "Yes, but don't you think?" He said, "Well, let me see what I can do." So I got into a short course of Korean, along with my wife at DLI [Defense Language Institute] in Monterey.

And then, as I was about to leave Chinhae, he was still the Medical Corps detailee for family practitioners. So I called him from Korea. In those days there wasn't any e-mail, as you remember, and a call from overseas meant you had to get up in the middle of the night and dial and spend 45 minutes working through layers of operators. With luck you'd finally get your guy and hope that the connection held until you finished your conversation.

So, I finally talked to him and I said I wanted to go sea. I wanted to go to the battleship. And he said, "Well, we have a lot of volunteers for that."

And I said, "Well, good, put me down and don't forget I've already been on a ship, I know how to do that stuff. And oh, by the way, I just finished an overseas tour and... I know Korean."

So, I don't know if Korean language skills helped any, but I got that job and was on the *New Jersey*, which at that time was in Long Beach. It had just come back from Beirut. You recall in Beirut the Marine barracks blew up and we had problems there trying to deal with the situation. And one of the things we did was send a fleet, including the very impressive looking battleship, to sit on the horizon and overawe the local population. And one way they tried to overawe them was to shoot their 16-inch guns into the hills. The Syrians would laugh at us and say you killed goats, but not much else. I don't know what the reality of that was, but the ship had just come back from that cruise.

The ship had been re-commissioned and had its missiles installed, and then had gone on a shakedown cruise. It was supposed to be the typical shakedown cruise of a few months and so on. However, Beirut intervened, and one year later, one year later, it came back.

**So you didn't get on for a year?**

Well, I didn't get on during that year, the year-long shakedown cruise, but as it came back into port, at Long Beach, it went back into the yards. And then I came on board and worked it through the yard until we were about ready to deploy again.

We had gone through all the workups and were off the coast of southern California. It was lunchtime and I was sitting in the wardroom when the phone on the wall in the wardroom rang. Somebody answered it and said, "Doc, it's for you." Typically those kinds of calls would

mean I needed to go take care of somebody that got hurt. So that's what I figured it was. I went over and it was a detailer. Now, if I remember correctly, it was the same guy, my friend from residency, but he may have left that job already. I can't say that for sure. It would be a better story if I'd say it was the same guy that got me to language school and the battleship. The detailer said, "We want you to go to Cuba."

"What do you mean? I'm on the ship, I've only been here a year. I have three-year orders. We're just getting ready to deploy. My name's Hufstader. Are you sure you're talking to the right guy?"

He said, "No, we want you to go to Cuba."

I said, "What's in Cuba?"

He said, "Well, Guantanamo Bay."

"What's Guantanamo Bay?"

He said, "Well, we have a hospital in Guantanamo Bay."

"No kidding? I didn't think we had anything in Cuba."

He said, "No, we want you to go and we want you to be XO."

I said, "Now wait a minute."

### **This is very strange.**

"My name is Hufstader, Robert, my social is ..... and I'm on the battleship and I've been here only a year and..."

"We want you to go to Cuba and be the XO."

I said, "You've got to be kidding."

"No, we need a commander." I was a commander then. "We need a commander who's had overseas experience to go do that."

Well, I sure as hell had had the overseas experience, so I said, "Well, I think you have to talk to the skipper, because I've only been here a year."

He said, "Okay. We'll do that." I said, "Actually, I'll go tell the XO right now and he can call you."

He said, "Okay."

So, I hung up, went in and told the XO. "What's going on? I can't believe this."

"This was the conversation and they want you to call them."

So the XO did and after he finished the conversation he said, "Yes, that's exactly it. They want you to leave. They're going to cut orders for you and you can go to Cuba."

I said, "Should I do that? What shall I say? Is that good? Can I go? What should I be doing?" So I asked the skipper and the skipper said okay, but they have to tell us they have a relief and all that sort of stuff. They did. It wasn't a problem to get somebody to come to the battleship. It was highly prized duty.

### **It was the Korean, I'm sure.**

Absolutely, must have been the Korean. So I went home. What we typically did was go out for the week and come in on Friday night and spend Saturday and Sunday in port. Then we'd go out early on Monday morning. So that Friday night we came in and I remember walking into the house. Now, remember, we've been in Long Beach, just back from Korea, for one year. And I walked in and my wife was washing the dishes in the sink. And I said, "Guess what, I have news."

She said, "Oh, welcome back, welcome back, let me finish these dishes. What news?"

I said, "We're moving."  
She said, "Oh yeah, sure, sure. Come on, tell me another one."  
"We're moving."  
So she stopped washing dishes and she looked "Are you serious?"  
I said, "Yes, we're moving."  
And she said, "When?"  
I said, "About three weeks."  
She said, "What! I haven't even unpacked." Then it dawned on her. "What do you mean we're moving? Where are we going?"  
I said, "You'll never believe where we're going to." I said, "We're going to Cuba."  
She said, "Cuba? Do we have anything in Cuba?"

### **So she had the same reaction.**

Exactly the same reaction; so she wasn't too excited about the prospect. And I told her about white sand and palm trees and the balmy evenings and tropic moon and that kind of stuff. And she agreed. Of course when we got there it looked like a desert and it's 120 degrees and there isn't any such thing as a balmy breeze there and there isn't any white sand either. No trees, just iguanas, and it looks like a desert. But she enjoyed the heck out of that, actually. It turned out to be a good tour. We both did. She went Scuba diving every day; it was a great tour for her.

I think it was a three-year tour. And one day I got a call from Washington, DC, and it was from a fellow I had known, a pathologist who later went on to be President of the American Hospital Association... as a doctor...which is unusual. I don't know what he's doing now. He was for a while, the first head of quality assurance for the Bureau of Medicine. It was the first time we had anybody doing that job.

### **Who was that?**

I was afraid you were going to ask me his name. It's escaping me at the moment, but it may come back to me as we talk along. I'm blocking right at the moment.

He called me and said he was working for the admiral who was going to be in charge of something they called the clinical professionals. At that time there was a proposal called CP-HP, you remember that? Clinic Professional-Healthcare Professionals. The CPs were the doctors and were going to be medical staff of hospitals. And the medical staff was going to have a chief of the medical staff who did not report to the CO of the hospital, but reported to this admiral in Washington. And this guy wanted me to come to Washington to be on the admiral's staff as one of the Washington headquarters CP'ers.

The other type, the HPs, were the Medical Service Corps guys who were going to run the business of the hospital and make sure it got painted and the roof was fixed and all those things and be the CO, but not have any authority over the medical care given. That idea fortunately died on the vine when Secretary Lehman said, "There's one CO and only one CO." I think it was Lehman who said that.

### **It was.**

Yes. And who's the SG that came in at that time? I think there was a turnover in SGs then..

**Yes, [Lewis] Seaton left. He was only there three years and then [James] Zimble came in. That would have been '89.**

It could have been. That would have been about right, yes. After three years. That figures. So that was my job. And I appeared in Washington, DC. We had wonderful newly renovated offices in the Tower at Bethesda. I had never been in Washington before. I remember my wife calling from Cuba to a realtor in Bethesda, because we thought we'd look for a house in Bethesda. And the realtor asked her how much can you afford and she told him and he laughed and said, "I'm sorry to tell you, but you can't live here."

So we lived a lot further out, and I worked at Bethesda. As I arrived there the admiral left because Secretary Lehman and Admiral Zimble said we were not doing CP-HP. That left this small staff of doctors; I think there were half a dozen of us, who were sitting in the tower saying, "What do I do? We don't have a job." And we sat there for a while. And then we got bored.

And then we started doing things and we ended up doing a lot of things. Fleet surgical teams that we have now were invented by that little group. They were invented to support exercises. In those days we used to have to pull teams out of hospitals to send them to fleet exercises and things like that to provide a surgical capability in case something happened during the exercises. And that was a continual drag on the hospitals. So we invented fleet surgical teams as permanent units, PCS units that would provide that support. And it's grown since then. I think we started off saying we needed four. I don't know how many there are now, but seven or eight or nine or something like that. And they do good work. That was kind of neat.

Actually, we also invented family practice hospitals. We made a proposal to have a family practice hospital where all the patients in the catchment area were enrolled to a family practitioner. We had two demo hospitals--Newport and Rota. And they were staffed adequately to meet the needs of all those people in their catchment areas. We had a pilot project or a pilot program to look at the cost-effectiveness and quality care that showed them to be very successful

**You did this as an initiative. How did you staff it through the Bureau?**

Damn good question.

**I'm just kind of curious how you did all that.**

Well, I remember signing letters that went to four-star admirals. Here was this commander signing things and I asked, "What am I?" And I'd write R. D. Hufstader at the bottom of this letter that requests information from or provides guidance to or tells the four-star what to do. Who are we? We didn't know. We didn't have a title. We knew what we were when there was a CP-HP, but that wasn't there anymore. So we decided to call ourselves Special Assistant to the Surgeon General. Okay. Whatever the hell that means, right.

**How did you sell that?**

Well, I didn't know any better. So, I signed it and the letter went out and people answered us. I guess there were some phone calls. Admiral [Donald] Hagen was then a one-star at BUMED and our boss and I remember him telling me that, yes he had to answer a few phone calls about this special assistant. But, I don't know if he made that up or whether he really did get phone calls.

But I have a plaque. When I left there I had a plaque with a whole bunch of little brass plates on it. I think there are six or eight brass plates. And each one of them has one of the names that we lived under, because nobody knew what we were or where we were. One of them is Skunk Works, which I think is probably the most accurate thing. Quite honestly Admiral Zimble, and following him, Admiral Hagen, and Admiral [James] Sears, who was Commander of MEDCOM [Naval Medical Command] at that time, gave us a lot of leeway to try to create the future. We dropped into their laps, and they let us do good things. We were, in a way, just like Lockheed Skunk Works. I thought it was great.

After I had stopped being bored and figured out I might as well just do something, we did things. We had to go out and figure it out and justify and explain and so on. We commissioned Pas. They were warrant officers then. We made that happen, a guy named Ron Woodruff and myself...and a lot of PAs throughout the Navy.

**I remember Ron.**

Yes, he was the...

**He was the first one.**

Yes. He was. The first one to be commissioned. He and I worked in adjacent offices and I helped him develop the program to commission PAs. I'm not going to remember too much more of the initiatives, but there were a number of them. I learned a lot in that tour. I hadn't known much about how Washington worked and that was my first chance to learn about that. But I also learned something about how many smart people we had and if you left them alone or just told them where you're headed, then things would happen.

Before, in the traditional military, that hadn't been the case. For folks like Admiral [Willard] Aaronson and the like, things were done by the book and you didn't wander...

**You didn't have much leeway.**

Yes, I agree.

**Everything was micromanagement.**

If you didn't have a piece of paper telling you "you could do it," then you couldn't do it. If you wanted to do something without that piece of paper then it was "Proceed until apprehended" or whatever the phrase is. And so we did. And I think I learned from that. But, boy, that's a better way to do business [encouraging initiative], by a long shot because it allows you to capitalize on the insights and experiences and initiatives and energies of all your staff.

**How did that situation change as far as assignment? Did they suddenly give you something and realize that you were cooling your heels at Bethesda doing this experimental stuff and it was time that you had another official job?**

Kind of. They moved us out of those plush offices at Bethesda. I think somebody else decided they had more rank and wanted that premier space. So they put us into the building at BUMED where the Corps Chiefs offices are now--Building 6.

At that time, INSURV, the Board of Inspection Survey, was in the basement. Admiral [John] Bulkeley and those guys were downstairs. We went in to the same spaces that OOMC now is, on the ground floor. They renovated the spaces for us, put in some furniture and so on and we moved in down there.



Then we got assigned to work for the Chief Medical Corps, who then was Admiral Hagen. So we became staff for the Chief of the Medical Corps and that evolved into OOMC.

And then somebody said, now wait a minute, we ought to move all the corps chiefs into that building. Then they can interact and good things will happen. And they did. The dentists moved downstairs where INSURV had been and on the Nurses and Force Master Chief moved upstairs, and the MSCs moved onto the ground floor adjacent to us. So I think the job they gave us was to be the first corps chief shop. Before we were there, the corps chiefs may have had an officer or two working for them. Admiral Hagen mostly did things through his Bethesda staff. So that's what we did and in the end I think that was one of the more instructive tours that I've had.

**You learned the ways of Washington in that tour.**

To a certain extent. I don't sign as special assistant to the Surgeon General any more. I've learned not to do that. Though, that became one of the little brass tabs on my plaque--Special Assistant. And in fact, I think my bio still says that, even though it may not have ever been an official title. From there I went to Pensacola as the Naval Hospital's XO. That was Desert Storm time. And actually the Yokosuka and Vietnam experiences were useful in preparation for Desert Storm.

I mentioned to you, for example, the medevac buses that were half this and half...

**Yes. I remember they used those over there.**

Yes. Well, we thought we'd need them to move patients from the airhead at Eglin Air Force Base, about 2 hours down the highway, but nobody knew what the hell they were by the time we got around to Desert Storm, so I gave description of what we'd used during Vietnam in Yokosuka to the public works guys at Pensacola who took school buses, or Navy buses, ripped out the back seats and built litter racks for us so we could move patients from Eglin Air Force Base, which was going to be the medevac stop for Naval Hospital Pensacola. So we built them based on what we had seen in Vietnam. Then we organized the hospital to expand beds based on what we thought might happen and on experience in Yokosuka during Vietnam. We organized the medical staff that same way so that we had ward medical officers and people to watch over the casualties around the clock and so on. And then fortunately, we didn't get too many casualties, so that was a good thing.

**You were at Pensacola how long then? Was it three years?**

No, that probably was a two-year tour. And then I went to Keflavik as CO and that might have been a three-year tour. I remember I got extended there, so I think that ended up being three years in Iceland. And then it was back to BUMED and OOMC, this time as Deputy Chief. By this time the job had become formalized and the guy who ran that section was called the Deputy Chief of the Medical Corps.

**That's when [RADM] Bonnie Potter was the...**

[RADM Richard] Ridenour was there, then [RADM Harold] Koenig, and then Potter came in. I left when Potter was there.

**And then how'd you get picked for Medical Officer of the Marine Corps?**

Well, after being Deputy Chief of the Medical Corps, I went to Pensacola as CO and did, a little over three years there.

**So that was your second tour at Pensacola?**

Yes, the second tour at Pensacola and the second tour at OOMC. And then I was picked as flag while at Pensacola.

**So, how did you find out you had been selected as Medical Officer of the Marine Corps?**

Well, Admiral [Richard] Nelson was SG then and was in Hawaii at that time. But as soon as the selection was approved, and he was able to notify me, he called and told me. It was daytime in Pensacola and probably very early morning hours in Hawaii but he called anyway and told me then. So that was a surprise. And I floated around on air for a while. Actually, the best thing was the sense of relief, to be honest. Because I wasn't looking forward to getting out of the Navy at all, and I was going to have to retire if I hadn't gotten selected for flag, I would have had to retire. In fact, I remember my wife and I going to a retirement transition class. She liked the class and was all ready to quit and start a new life. All I remember sitting through the class was, "I don't want to go. I don't want to do this."

**You didn't want to start a new life.**

That's right. I didn't want to do it. I didn't want to get out. And so it was a great sense of relief. I remember writing people that it felt like the cold bony hands of mandatory retirement had been loosed from around my neck. And it's almost exactly the way it felt, like there was some kind of a skeleton crunching my neck.

**But in your early years, you had made that attempt to join the FMF when you were a corpsman, but you hadn't had a lot of experience with Marine Corps and suddenly...**

Oh, I had none. None.

**You had none. And suddenly you were going to be surgeon.**

Oh, that's exactly right. Now, I had tried to go to Vietnam. I mentioned the master chief back then, Jack F. Hatchett. I should have told this little story about it before, but I will now. Before they froze all of us at Yokosuka, because we were going to stay there to take care of medevac casualties, we thought that a lot of us would go off to Vietnam.

So one day Master Chief Hatchett called those of us who had volunteered into the chow hall in between meals. There was nobody there but us, just a big space. And we sat around at the tables and he told us about his experience in World War II of volunteering to go with the Marines. He had been at Oakland Naval hospital and he said I don't want to do this; I want to go with the Marines. He then trained and shipped out just in time to go to Iwo Jima. He told us about his reaction to combat and about being wounded and about convalescing and this sort of thing.

He told us, as bluntly and as clearly as he could, that this wasn't fun stuff. I think he was trying to give us realistic job expectations or something like that, making us aware of what it meant to volunteer to go to war. And while he had done it and he was all for it, he wanted us to have realistic understanding of what it meant. And I must admit at that age, I think I was 20 or 21 maybe by then, I didn't have realistic expectations. I didn't know from boo about this stuff. And I remember being sobered by his comments and I think others of us were as well.

**Did these thoughts come back to you now when you were in this new situation?**

Sure, I think about that.

Oh, yes. Do you mean that mentorship? Yes. That's an interesting thought, Jan. I think about that with the young hospital corpsmen that go to Iraq all the time, yes. And that they need realistic job expectations, they need training, they need to be prepared to do the thing we send them over there to do. No two ways about it.

**Were you at all intimidated by the idea that you were going to be the Marine Corps surgeon?**

No, I was thrilled. Remember, I had been at BUMED for my fair share of time already, more than my fair share of time.

**How do I get out of it?**

I was more interested in doing something else than going back to BUMED. Although I've learned that I had more control over my life as an E-3 than I do as an O-7. So you go where ordered. And that's what I was going to do, as always. Nelson called and told me that I'd made flag, but didn't give me a job. I think that was just before he left office and so it was Admiral [Michael] Cowan who called and said, "I'm thinking about having you go to be Pacific Fleet Surgeon Surgeon." I said, "Great. Hawaii. Throw me in that brier patch." They had asked what I had done with the fleet and I hadn't done anything since the battleship.

So I told him that I was a simple country doctor without any line staff experience. I think that he still intended to send me out there, but then things happened and things moved and he had to fill this spot. So he called me again and said, "Well, I changed my mind. You're not going to go to Hawaii. I want you to come to Washington and be Medical Officer of the Marine Corps."

And my reaction was - great. That's fantastic. I've never done it, always wanted to. Several months after assuming the position, I remember standing in front of an audience at a graduation of the Field Medical Service School at Camp Pendleton and telling them that I had wanted to stand in their shoes since I was 17 years old and never had made it until I was 57 years old. So congratulations to them. They got to where they are a lot quicker than I did. It took me 40 years.

I left Pensacola and drove up here to become Medical Officer of the Marine Corps and stopped in Williamsburg to get gas on the 11th of September. When I walked into pay, I heard someone on the radio talking about things blowing up at the Pentagon and the Trade Center in New York. And I thought, what is that? Is that like the Orson Wells "War of the Worlds?" And I asked the guy what it was. He said, "Someone's blown up the Pentagon." Holy catfish.

Now, this was the 11th of September. I drove on up to Washington in a hurry. I then called Admiral Jim Johnson, who was my predecessor here and asked what was going on. And he said, "They're blowing up the Pentagon and the World Trade Center." And by that time, more of the story had come out and the plane had crashed in Pennsylvania and so on. Jim said there was not point in coming in on the afternoon of the 11<sup>th</sup>. So the next morning on the 12th of September, I arrived for work. Thesmoke was still coming from the Pentagon and all the Navy OPNAV staff had moved over here because their Pentagon spaces had been destroyed.

I remember the first morning, walking upstairs to the conference room. There was the Secretary of the Navy, the CNO, and the Commandant. General Jones was Commandant then. And I remember the Secretary of the Navy talking about a meeting that he, the CNO, and Commandant had been at the night before. This was the night of the 11<sup>th</sup>. The meeting was with

the President. It must have been an inspiring and impressive meeting. I remember the setting of confusion with everyone wondering what the hell was going on and who had blown us up and what we should be doing. And these are the leaders of the nation's military, the naval part of the nation's military.

The Secretary of the Navy looked around the room full of admirals Marine Corps generals and a couple of Navy admirals, Johnson and myself wearing Marine Corps uniforms, and he said, 'I have to tell you about our meeting with the President last night. The President knows what's going on already. He knows that this is war.

Last night the President looked at me and he looked at Admiral Clark and he looked at General Jones and he said, "You get ready. This is war." The President went on to say, "There are going to be people in this country who won't remember today. I will never forget today. You get ready." ' That was the Secretary of the Navy's message to this collective Navy/Marine Corps audience on the morning of 9/12.. I sure hear that one loud and clear.

And so then it's gone on. Since then we did Afghanistan, which was marvelous but done on a shoestring. It's that same thing I learned about initiative: if you tell people what you need to get done and then let them alone, they'll do it. That's what our medical people did in Afghanistan. Absolutely astounding. We weren't able to give them a damn thing more to prepare them for it. They just did it. Wow. We learned from that and when we went into Iraq-- OIF--we were better. We had the FRSSs and we did better training and we were more ready. And as a result of that, no Marine who entered an FRSS died. We had the lowest DNBI rate ever, lowest KIA rate ever, and just great stuff all through the chain of care. We're blessed with remarkable people, sailors and the Marines we serve with.

I just today got a message from the Commanding General at Training Command at Quantico, Brigadier General George Flynn. He had asked me before about a Marine who had a leg blown off in OIF. Well, George said it was an above the knee amputation, but I still have to think it's a below the knee amputation. But anyway, he had a leg blown off in Iraq by a land mine. And he came back, rehabilitated at Bethesda and Walter Reed, got his prosthesis, exercised hard, really hard doing the Marine PRT, running his three miles and doing everything and now this Marine wants to go to jump school to be a parachutist. And George called me and said, "Should we let him do it? What do you think?" And I thought about it and what I thought was that -- first of all, I thought that this patient, this human being probably needs to do things like that just to prove to himself that he's not crippled. He's lost a leg, but he's not crippled. He wears a prosthesis, but he's not crippled. He can do whatever anybody else does and more probably. That kind of thing is what's in that young man's mind and he needs that psychologically. So that's good treatment, good therapy. That's the first thought I had. The second thought I had was damn; this is astounding. Where do we get these people?

Do you remember the last line in "The Bridges of Toko-ri?" The hero had just crashed his jet and gotten killed by the Chinese Communists. They had just gotten the word back on the aircraft carrier. The admiral is sitting on the bridge watching another jet with another Navy reserve pilot take off to go on another mission like that. And he's sad about the other pilot's loss. Despite all their heroic efforts to try to get him out of there with helicopters and all that sort of stuff, he still dies. And yet another pilot takes off in the face of the same risk. And the admiral says, "Where do we get these people? Where do we get these people?"

**And you felt the same way.**

Yes. That's what I felt. That's the second thought I had about this Marine is where do we get these people? They just grow out of the ground of America. They somehow are created by just breathing American air. This is an astounding, astounding place with astounding people.

You know the story about HM3 Alaniz, a hospital corpsman who was running to help a staff sergeant who had just stepped on a mine. The staff sergeant lost his left leg. HM3 Alaniz stepped on a mine running to help, and lost his right leg. . They were in the same room up in Bethesda. They are rehabbing, using their prostheses. Alaniz has now been invited to participate in a "winter sports spectacular" with his prosthesis, so he's going to be on TV doing winter sports. In fact, the focus, I understand from the e-mail, is amputees from Iraq and what they're doing. I think these people have a whole new concept about disability. I don't know where it comes from. Maybe it comes from movies like "Terminator" where they see Arnold Schwarzenegger being a robot and so on. Maybe for this generation the idea of artificial limbs isn't so inconceivable as it is for my generation. Or maybe it comes from the history of success in medicine of actually being able to fix things, to cure disease, to create curative technology. We can't fix all of it, I'm sorry to say, but we can really fix things that used to kill people or disable them for life. And so when somebody gets a leg blown off, now they actually trust that military medicine can fix it. So, there's not this thing about oh, I lost my leg and with it my life as I've known it. . . .

Remember the famous World War II movie of the sailor who had his hands burned off?

**Yes, yes. I'm trying to remember the name of it.**

Yes, I can't remember the name of the movie. And there's this famous scene in there...

**"The Times of Our Lives?"**

Something like that.

**Yes, "The Times of Our Lives."**

Yes, that's it. And he brings up his hand to wave good-bye and it's a hook like this, and then, oh, he realizes he's waving with a hook and embarrassing people, and then he brings it back down. There's none of that stuff. Now it's : oh, now I have a leg like Arnold.

**Yes. Give me a leg and send me back in.**

Yes, let me jump out of an airplane.

**Yes.**

Powerful. This is powerful, Jan. This is a different mindset. You know most disability is in the mind anyway. Most of our disabilities are in the mind.

Well, that's the kind of thoughts I have about our young people. . 'Where do we get these people?' I'm just so overawed by them.